

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 2571
BALTIMORE, MD 21215
www.mbp.state.md.us

CHANGING SUPERVISING PHYSICIAN
PREVIOUSLY BOARD-APPROVED DRY NEEDLING SPECIALIZED TASKS

INSTRUCTIONS:

Athletic Trainers (ATs) should only use this form if they:

- ◆ Received a Board approval letter to perform dry needling; and
- ◆ Are changing their supervising physician.

DO NOT COMPLETE THIS FORM IF THE BOARD HAS NOT APPROVED YOU TO PERFORM DRY NEEDLING. IF YOU NEED TO REQUEST BOARD APPROVAL TO PERFORM DRY NEEDLING, COMPLETE THE [DRY NEEDLING SPECIALIZED TASK APPLICATION](#).

Please complete items 1—5.

1. Name of Athletic Trainer:	License number:
2. Name of new supervising physician:	License number:
3. Date the Board approved the AT to perform dry needling:	
4. Name of the supervising physician under which the AT was previously approved to perform dry needling:	License number:
5. Attach a copy of previous Board-approval letter for dry needling to this form.	

New Supervising Physician Attestation:

I attest that I accept the responsibility to provide ongoing and immediately available supervision to

_____ that is adequate to ensure the safety and welfare of a
(Name of Athletic Trainer)

patient and is appropriate to the setting.

_____ Name of New Supervising Physician (Print)	_____ Signature of New Supervising Physician	_____ Date
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